



Atty. Dkt. No. 023829-0256

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Burghardi et al.
Title: COMPUTER SYSTEM FOR
DETERMINING A
CUSTOMIZED ANIMAL FEED
Appl. No.: 10/715,053
Filing Date: 11/17/2003
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431597289 US	3/3/04
(Express Mail Label Number)	(Date of Deposit)
Carolyn Simpson	
(Printed Name)	
<i>Carolyn Simpson</i>	
(Signature)	

PRELIMINARY AMENDMENT UNDER 37 CFR 1.115

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Prior to examination of the present Continuing Application, Applicant respectfully requests that the application be amended as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

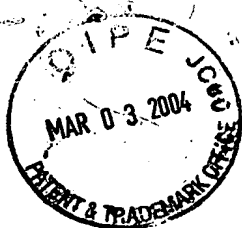
Remarks/Arguments begin on page 14 of this document.

Please amend the application as follows:

03/10/2004 SLUANG1 00000046 10715053

01 FC:1201 1579880.1
02 FC:1202

1032.00 OP
468.00 OP



05-94-04

Atty. Dkt. No. 023829-0256

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

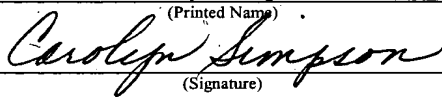
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Carolyn Simpson	
(Printed Name)	
	
(Signature)	

AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	46	-	20	=	26	x	\$18.00	=	\$468.00
Independents:	15	-	3	=	12	x	\$86.00	=	\$1032.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL									= \$1500.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1500.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$1500.00

- ☒ A check in the amount of \$1500.00 is enclosed.

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

3/3/04

By

Michael S. Brayer

FOLEY & LARDNER LLP

Customer Number: 26371

Telephone: (414) 297-5684

Facsimile: (414) 297-4900

Michael S. Brayer

Attorney for Applicant

Registration No. 51,495